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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket  
Number

602005.2

First Named Inventor

PAPA IOANNOU D

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POLYAMINE CONJUGATES WITH ACIDIC RETINOIDS AND PREPARATION THEREOF

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

22-09-2002

as United States Application Number or PCT International

Application Number

PCT/GR2002/  
000045

and was amended on (MM/DD/YYYY)

03-11-2004  
23-11-2004

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐

The address associated with Customer Number:

OR

☒

Correspondence address below

Name

GEORGE B. GEORGE LLS

Address

152 CONGRESSIONAL LANE PKM 143

City

ROCKVILLE

State

MD

ZIP

20852

Country

USA

Telephone

240 672 3121

Email

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

DIONYSIOS

Family Name or Surname

PAPAIOANNOU

Inventor's Signature

Date

Residence: City

PATRAS

State

Country

GREECE

Citizenship

GREEK

Mailing Address

Department of Chemistry, UNIVERSITY OF PATRAS

City

PATRAS

State

Zip

26504

Country

GREECE

NAME OF SECOND INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

DIONYSIOS

Family Name or Surname

DRAINAS

Inventor's Signature

Date

Residence: City

PATRAS

State

Country

GREECE

Citizenship

GREEK

Mailing Address

UNIVERSITY OF PATRAS, SCHOOL OF MEDICINE, DEPARTMENT OF BIOCHEMISTRY

City

PATRAS

State

Zip

26504

Country

GREECE

☐

Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DIONYSIOS		TSAMBAOS	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address University of Patras Department of Dermatology, School of Medicine, PO BOX 1413			
City	State	Zip	Country
RIO PATRAS	GREECE	26504	GREECE
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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PTO/SB/01 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	PAPAIOANNOU DIONYSIOS
Title	POLYALLINE CONDUGATES WITH ACIDIC ESTER MOIETIES AND PEPAP. THEREOF
Art Unit	
Examiner Name	
Attorney Docket Number	602005.2

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
GEORGE GEORGELLIS	43632

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual NameAddress GEORGE GEORGELLIS  
152 CONGRESSIONAL LANE PKM 143

City ROCKVILLE State MD Zip 20852


Country USA

Telephone 240 672 3121 Email GEORGE@GEORGELLIS2VAT100.COM

I am the: 301 972 5350

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date
Name	DIONYSIOS PAPPAS	Telephone +302610 997746
Title and Company	PROFESSOR OF BIOCHEMISTRY, UNIVERSITY OF PATRAS	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

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Title	POLYAMINE CONJUGATES WITH ACIDIC RETINANTS AND PREPARATION THEREOF
Art Unit	
Examiner Name	
Attorney Docket Number	602005-2

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Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	GEORGE GEORGELLIS		
Address	152 CONGRESSIONAL LANE PKM 143		
City	ROCKVILLE	State	MD Zip 20852
Country	USA		
Telephone	240 672 3121	Email	GEORGEGEORGELLIS@YAHOO.COM
	301 972 5350		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date
Name	PAPAIIOANNOU DIONYSIOS	Telephone +30-2610-997156
Title and Company	Professor of Organic Chemistry - UNIVERSITY OF PATRAS	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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